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Bib Data Sheet

CONFIRMATION NO. 9091

SERIAL NUMBER 10/712,681	FILING DATE 11/13/2003 RULE	CLASS 165	GROUP ART UNIT 3753	ATTORNEY DOCKET NO. 8521-000017
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APPLICANTS

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** CONTINUING DATA *none* ***** *TW*** FOREIGN APPLICATIONS *none* ***** *TW*IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 02/10/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>g. Wallberg</i> Examiner's Signature Initials	CANADA	6	14	1

ADDRESS

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TITLE

Heat recovery ventilator

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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